

Candidate  
Annual Report of Receipts and Disbursements  
2009

RECEIVED  
JAN 29 2010

Secretary of State  
Capitol Office

DATE STAMP

Candidate's Name Gregory L. Holloway, Sr.  
Full Address 115 Edgewood Dr.  
Telephone (601) 894-4228 Fax gholloway@house.ms.gov  
Contact Name Gregory L. Holloway Email \_\_\_\_\_  
Office Sought State Representative Political Party Democrat  
District 76

☐ Check here if above is different from previous report

TYPE OF REPORT

☒ January 29, 2010 Annual Report (January 1, 2009, through December 31, 2009).....All Candidates and Political Committees

\_\_\_\_ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

**REPORTED CONTRIBUTIONS AND DISBURSEMENTS**

	Itemized + Non-Itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$2100.00 + \$	\$ 2100.00	\$ 2100.00
Total amount of disbursements \$	+\$ 2778.00	\$ 2778.00	\$ 2778.00
Total amount of cash on hand		\$ 2936.35	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Gregory L. Holloway, Sr.  
Signature of Candidate

1-29-10  
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee

Gregory L. Holloway Sr.

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of

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Reporting period

through

## ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan☐ Other (please specify)

Full name

Check into Cash of Miss, Inc.

Date  
(Mo., Day, Year)

7/1/09

Amount of each  
receipt  
this period

\$ 250.00

Mailing Address

P.O. Box 550

\_/\_/\_

\$

City, State, Zip Code

Cleveland, TN 37364-0550

\_/\_/\_

\$

Name of Employer (Required)

\_/\_/\_

\$

Occupation (Required)

Aggregate  
year-to-date

\$ 250.00

B. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan☐ Other (please specify)

Full name

Zeneca Services

Date  
(Mo., Day, Year)

11/23/09

Amount of each  
receipt  
this period

\$ 350.80

Mailing Address

1800 Concord Pike

\_/\_/\_

\$

City, State, Zip Code

P.O. Box 15437 Wilmington, DE 19850-5437

\_/\_/\_

\$

Name of Employer (Required)

\_/\_/\_

\$

Occupation (Required)

Aggregate  
year-to-date

\$ 350.00

C. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan☐ Other (please specify)

Full name

Altria Client Services, Inc.

Date  
(Mo., Day, Year)

12/4/09

Amount of each  
receipt  
this period

\$ 500.00

Mailing Address

6601 West Broad Street

\_/\_/\_

\$

City, State, Zip Code

Richmond, VA 23230

\_/\_/\_

\$

Name of Employer (Required)

\_/\_/\_

\$

Occupation (Required)

Aggregate  
year-to-date

\$ 500.00

D. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan☐ Other (please specify)

Full name

AT&amp;T Mississippi Pac

Date  
(Mo., Day, Year)

12/11/09

Amount of each  
receipt  
this period

\$ 500.00

Mailing Address

175 E. Capitol St. Suite 702

\_/\_/\_

\$

City, State, Zip Code

Jackson, MS 39201-2135

\_/\_/\_

\$

Name of Employer (Required)

\_/\_/\_

\$

Occupation (Required)

Aggregate  
year-to-date

\$ 500.00

Name of Candidate or Committee

Gregory L. Holloway Sr.

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of

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Reporting period

through

## ITEMIZED RECEIPTS

A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan☐ Other (please specify)

Full name

Weyerhaeuser ControlDate  
(Mo., Day, Year)12/15/09Amount of each  
receipt  
this period\$ 500.00

Mailing Address

P.O. Box 9769

City, State, Zip Code

Federal Way, WA 98063-9769

Name of Employer (Required)

Occupation (Required)

Aggregate  
year-to-date\$ 500.00B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan☐ Other (please specify)

Full name

Date  
(Mo., Day, Year)

\_\_\_/\_\_\_/\_\_\_

Amount of each  
receipt  
this period

\$

Mailing Address

\_\_\_/\_\_\_/\_\_\_

\$

City, State, Zip Code

\_\_\_/\_\_\_/\_\_\_

\$

Name of Employer (Required)

\_\_\_/\_\_\_/\_\_\_

\$

Occupation (Required)

Aggregate  
year-to-date

\$

C. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan☐ Other (please specify)

Full name

Date  
(Mo., Day, Year)

\_\_\_/\_\_\_/\_\_\_

Amount of each  
receipt  
this period

\$

Mailing Address

\_\_\_/\_\_\_/\_\_\_

\$

City, State, Zip Code

\_\_\_/\_\_\_/\_\_\_

\$

Name of Employer (Required)

\_\_\_/\_\_\_/\_\_\_

\$

Occupation (Required)

Aggregate  
year-to-date

\$

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan☐ Other (please specify)

Full name

Date  
(Mo., Day, Year)

\_\_\_/\_\_\_/\_\_\_

Amount of each  
receipt  
this period

\$

Mailing Address

\_\_\_/\_\_\_/\_\_\_

\$

City, State, Zip Code

\_\_\_/\_\_\_/\_\_\_

\$

Name of Employer (Required)

\_\_\_/\_\_\_/\_\_\_

\$

Occupation (Required)

Aggregate  
year-to-date

\$